

Episode: **Author Interview: “How Bodily Integrity Is a Core Ethical Value in Care of Persons Experiencing Homelessness”**

Guest: Jennifer Markusic Wimberly, MD

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Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview Series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Jennifer Markusic Wimberley, Chair of the Institutional Ethics Committee and the Medical Director of Resiliency at Parkland Health and Hospital System in Dallas, Texas. She is also a board-certified urologist, clinical faculty member of the Department of Urology, and a faculty member of the Program in Ethics in Science and Medicine at The University of Texas Southwestern Medical Center. She's with me to discuss her article, co-authored with Dr John Sadler, “*How Bodily Integrity Is a Core Ethical Value in Care of Persons Experiencing Homelessness*”, in the November 2021 issue of the Journal, [Health Care and Homelessness](#). Dr Markusic Wimberly, thank you so much for being here.

DR JENNIFER MARKUSIC WIMBERLY: Thank you, Tim, for having me. It's a real honor.
[music fades away]

HOFF: To begin with, what is the main ethics point of your article?

MARKUSIC WIMBERLY: Well, the key ethics point is to highlight for clinicians the importance of ascertaining the values and beliefs that may shape health care decisions in the treatment of individuals who are experiencing homelessness. Provided the unique social circumstances, the capability to avoid or prevent exacerbation of vulnerability through maintaining bodily integrity may underlie treatment decisions. And as the title asserts, bodily integrity is a core ethical value in the care of these individuals who are experiencing homelessness.

HOFF: Great. Thank you. And what do you see as the most important thing for health professions students and trainees to take from your article?

MARKUSIC WIMBERLY: Well, my hope is that health professionals should take home the point to reframe the care of persons experiencing homelessness as a shared endeavor between clinician and patient so as to promote involvement with negotiation in order to ready the health care environment for an engagement in which the clinician, the team, and the patient can navigate tradeoffs of capabilities. In order to promote the best care plan that engages the individual patient in action they are capable of attaining, there may be a heightened conceptualization of bodily integrity, which may then elevate the capability of control of personal environment and loss of independence that comes with body altering interventions such as amputation decisions. And the clinician must be attuned to these core ethical values that are involved in the care of the individual experiencing homelessness.

HOFF: And finally, if you could add a point to your article that you don't feel like you got the chance to fully explore, what would that be?

MARKUSIC WIMBERLY: Great question. I would add that engaging in the clinical encounter that we propose can add moral clarity for the clinician. These cases can be a source of significant moral distress, and the capabilities-attuned clinician can align a care plan with the personal values of the individual patient experiencing homelessness. Often as ethics consultants, we get involved when a team or clinician says, "Patient X needs Y and is refusing." And this article stresses the importance of framing the situation in core capabilities of the patient and considering the tradeoffs between such capabilities.

So, if you look at Patient X, who we'll call Mr. Smith, and the intervention Y, which is an amputation, broadly, for a particular medical condition that Mr. Smith has, the clinician may deem amputation as clinically indicated. For Mr. Smith, with the medical condition, how does amputation affect, impact, or even align with his life values? And what you may find is that Mr. Smith's personal values might make amputation not the appropriate choice, and we should consider the alternatives. We consider this in other situations, for example, cancer-related treatment or interventions for terminal or irreversible conditions. And so it is that core ethical values also have bearing on decisions with body-altering results, such as the amputation decision for the individual who is experiencing homelessness. [bright theme music returns]

HOFF: Dr Markusic Wimberley, thank you so much for your contribution to the Journal and for joining me on the podcast.

MARKUSIC WIMBERLY: Thanks so much, Tim.

HOFF: To read the full article and the rest of the November 2021 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.